

AUG 26 2008

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SEP 3, 2008 mb  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVIT

BERNARD MIDDLETON  
Plaintiff

v.

PEOPLE OF THE STATE  
Defendant(s)

CASE NUMBER 08 CV 4705JUDGE LEINENWEBER / ASHMAN

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, BERNARD MIDDLETON, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☐ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)  
I.D. # R 99866 Name of prison or jail: MENARD CORRECTION  
Do you receive any payment from the institution? ☐ Yes ☒ No Monthly amount: \_\_\_\_\_
2. Are you currently employed? ☐ Yes ☒ No  
Monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_  
  - a. If the answer is "No":  
Date of last employment: \_\_\_\_\_  
Monthly salary or wages: \_\_\_\_\_  
Name and address of last employer: \_\_\_\_\_
  - b. Are you married? ☒ Yes ☐ No  
Spouse's monthly salary or wages: \_\_\_\_\_  
Name and address of employer: DONT KNOW, SEPERATED 15 YEARS
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
  - a. Salary or wages ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
4. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
5. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
6. Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
Address of property: \_\_\_\_\_  
Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
7. Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
Property: \_\_\_\_\_  
Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 8-28-2008

Bernard Middleton  
Signature of Applicant

BERNARD MIDDLETON  
(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

#### CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, BERNARD MIDDLETON, D.# R09866, has the sum of \$ -1.41 on account to his/her credit at (name of institution) MENARD CC.

I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ \_\_\_\_\_.

(Add all deposits from all sources and then divide by number of months).

8/27/08  
DATE

Geraldine Berry  
SIGNATURE OF AUTHORIZED OFFICER

GERALDINE BERRY  
(Print name)

Date: 8/27/2008

Time: 11:00am

## Menard Correctional Center

## Trust Fund

## Inmate Transaction Statement

d\_list\_inmate\_trans\_statement\_composite

REPORT CRITERIA - Date: 02/01/2008 thru End; Inmate: R09866; Active Status Only ? : No; Print Restrictions ? : Yes;  
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print  
 Balance Errors Only ? : No

Inmate: R09866 Middleton, Bernard

Housing Unit: MEN-E -04-05

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
						<b>Beginning Balance:</b>	<b>10.61</b>
02/07/08	Payroll	20 Payroll Adjustment	038159		P/R month of 01/2008	5.78	16.39
02/15/08	Point of Sale	60 Commissary	046779	699474	Commissary	-15.61	.78
03/10/08	Payroll	20 Payroll Adjustment	070169		P/R month of 02/2008	4.76	5.54
03/13/08	Point of Sale	60 Commissary	073762	705798	Commissary	-5.04	.50
04/04/08	Payroll	20 Payroll Adjustment	095169		P/R month of 03/2008	9.52	10.02
05/06/08	Payroll	20 Payroll Adjustment	127159		P/R month of 04/2008	10.00	20.02
05/08/08	Point of Sale	60 Commissary	1297120	715381	Commissary	-19.90	.12
06/05/08	Payroll	20 Payroll Adjustment	157159		P/R month of 05/2008	10.00	10.12
06/12/08	Point of Sale	60 Commissary	164762	723744	Commissary	-8.27	1.85
06/13/08	Disbursements	81 Legal Postage	165359	Chk #86321	72003, DOC: 523 Fund Reimburse, Inv. Date: 06/12/2008	-1.51	.34
07/07/08	Payroll	20 Payroll Adjustment	189159		P/R month of 06/2008	10.00	10.34
07/10/08	Point of Sale	60 Commissary	1927123	727439	Commissary	-6.99	3.35
08/07/08	Payroll	20 Payroll Adjustment	220159		P/R month of 07/2008	2.04	5.39
08/07/08	Point of Sale	60 Commissary	220749	733178	Commissary	-5.12	.27

<b>Total Inmate Funds:</b>	<b>.27</b>
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<b>Less Funds Held For Orders:</b>	<b>.00</b>
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<b>Less Funds Restricted:</b>	<b>1.68</b>
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<b>Funds Available:</b>	<b>-1.41</b>
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<b>Total Furloughs:</b>	<b>.00</b>
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<b>Total Voluntary Restitutions:</b>	<b>.00</b>
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## RESTRICTIONS

Invoice Date	Invoice Number	Type	Description	Vendor	Amount
08/15/2008	79160	Disb	Legal Postage	99999 DOC: 523 Fund Inmate Reimburseme	\$1.68

<b>Total Restrictions:</b>	<b>\$1.68</b>
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